

Washington State Department of Health

Health Care Professional Credentialing Requirements

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Health Care Professional Credentialing Requirements

Regulated by the Washington State Department of Health

Washington State Credentialing Requirements

ACUPUNCTURIST (Chapter 18.06 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a NCCAOM accredited school or state approved school.	Official transcript with degree date posted received directly from applicant's program. Transcripts not in English must be accompanied by official translation. Completed clinical training form received directly from applicant's program.
Work history (professional training & experience)	Must have complete chronology from receipt of acupuncture degree to the date of application. All time periods must be accounted for.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	The other state acupuncture boards where applicant is/was licensed must complete the state verification form. The form must be sent directly from out-of-state board to the Department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national examination (written exam, point location exam and clean needle technique course) - scores sent directly from NCCAOM
- ☐ Verification of a score of at least 550 on TOEFL sent directly from ETS if the NCCAOM exams were not taken in English.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. Applications submitted by foreign-trained applicants are forwarded to a reviewing member of the Acupuncture Consulting Group for a decision. If there are positive answers to the personal data questions, those applications are reviewed by the case management team. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Acupuncturists are required to renew license every year on or before their birthday. Licensee is required to submit the appropriate fee, renewal card and completed emergency transfer and referral card.

Washington State Credentialing Requirements

ADVANCED REGISTERED NURSE PRACTITIONER (Chapter 18.79 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an approved nurse practitioner program and has an active RN license in WA state.	Official transcript with degree date posted received directly from the nurse practitioner's program. If transcript does not state that applicant completed advanced nurse practitioner program, Commission must receive an official letter directly from the Dean or instructor. Applicants who do not meet the educational requirements in subsection (2) of WAC 246-840-340 may be licensed if: <ul style="list-style-type: none"> (a) certified prior to 12/31/94 by a national certifying organization recognized by the Board at the time certification was granted; (b) recognized as an advanced registered nurse practitioner by another jurisdiction prior to 12/31/94; or (c) completed an advanced registered nurse practitioner program equivalent to one academic year.
Work history - <i>(Only applies to applicants from out-of-state or applicants reactivating a lapsed license)</i>	Must have complete chronology within past 5 years of the date of application.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification <i>(Applies to RN license if transferring from out-of-state)</i>	State verification form must be completed by other state nursing boards where applicant was licensed. Form must be sent directly from out-of-state nursing board to the Commission. Verification is required whether license is active or inactive. A copy of current active license from another jurisdiction must be submitted. Query of the National Council of State Boards of Nursing Disciplinary Data Bank is completed for applicants licensed in multiple states.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed certification examination from an approved national certification body.

NOTE: Additional education required for prescriptive authority must be verified as described above.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The nursing education and licensing manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. All other applications are forwarded to a reviewing board member for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Advanced Registered Nurse Practitioners are required to renew their license every two years on or before their birthday. In addition to submitting the appropriate fee they are required to complete 30 hours of continuing education (15 additional in pharmacology if has prescriptive authority) and 250 hours of practice in the ARNP role at time of renewal.

Washington State Credentialing Requirements

AFFILIATE SEX OFFENDER TREATMENT PROVIDER (Chapter 18.155 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of a master's degree from a recognized institution of higher learning.	Official copy of degree transcripts with degree posted. School seal on transcript and received in an envelope sealed by the school. Transcripts not in English must be accompanied by official translation.
State credential verification/history	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was never granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends DOH form to jurisdiction for completion, and jurisdiction sends completed form directly to the department.
Professional Experience	Applicant must list all professional experience activities to include the nature, the practice and location of the experience activity.
Affiliate applicant's Supervisor and Contract	All affiliate applicants must provide a name, address and telephone number of a supervisor. The supervisor will be used when an affiliate works with SSOSA and SSODA clients. All affiliate applicants will provide a copy of a supervisory contract. Supervision of an affiliate requires that the supervisor and the affiliate enter into a formal written contract defining the parameters of the professional relationship. The contract shall be submitted to the department for approval and renewed on a yearly basis.
Underlying Credential	All applicants are required to hold a credential in another health profession in Washington or a state or jurisdiction other than Washington. This underlying registration, certification or licensure must be maintained in good standing.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed state exam. Score of 90% or above.
- ☐ Applicant certification verifying he/she is presumed to know Washington State statutes and rules.

- ❑ Signed Statement that states the applicant does not intend to practice the profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington.
- ❑ Three Professional References that can verify the applicants experience requirement.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Endorsement: Program staff reviews documentation to verify applicant has passed national exam, other jurisdiction credential is current, and no disciplinary action was initiated or taken against the credential and meets other requirements.

New licensees: Program staff reviews the application and supporting documents of applicants to make an initial determination on eligibility. Program staff approves applications that do not have positive answers to personal data questions, questionable verifying documents, or are otherwise “red flag” applications. “Red flag” applications are forwarded to the program manager for determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Affiliates are required to renew their certification every year on or before their birthday. They are required to submit the appropriate fee, renewal card, and supervisory contract. Continuing education is not required.

Washington State Credentialing Requirements

AUDIOLOGIST (Chapter 18.35 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of a master's degree from a recognized institution of higher learning.	Official copy of degree transcripts with degree posted. School seal on transcript and received in an envelope sealed by the school. Transcripts not in English must be accompanied by official translation.
State credential verification/history	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was never granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends DOH form to jurisdiction for completion and jurisdiction sends completed form directly to the department.
Post-graduate professional experience in the field of audiology. Minimum of thirty-six weeks of full-time professional experience or part-time equivalent.	Applicant's supervisor provides details of experience to include name/address of employer, type of business, position title, name of supervisor, detailed description of duties, dates of postgraduate work and number of hours.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
Bonding requirement	Applicant attests that a surety bond covers them. The bond number, surety company and agent's name is provided.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national exam. Score (600 or above) verified from appropriate jurisdiction.
- ☐ Applicant certification verifying he/she is presumed to know Washington State statutes and rules.
- ☐ Successfully passed board approved hearing instrument fitter/dispenser exam.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Endorsement: Program staff reviews documentation to verify applicant has passed national exam, other jurisdiction credential is current, and no disciplinary action was initiated or taken against the credential and meets other requirements.

New licensees: Program staff reviews the application and supporting documents of applicants who do not have a current credential in another state to make an initial determination on eligibility.

Program staff approves applications that do not have positive answers to personal data questions, questionable verifying documents, or are otherwise “red flag” applications. “Red flag” applications are forwarded to the program manager for determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Audiologists are required to renew their certification every year on or before their birthday. They are required to submit the appropriate fee, renewal card, and bond card. Continuing education is not required.

Washington State Credentialing Requirements

CHEMICAL DEPENDENCY PROFESSIONAL (Chapter 18.205 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
An associate's degree in human services or related field or successful completion of ninety quarter or sixty semester college credits in courses from a regionally accredited college or university	Official transcript received in an envelope sealed by the school. Transcripts not in English must be accompanied by an official translation.
At least forty-five quarter or thirty semester credits must be in courses relating to the chemical dependency profession and include the topics listed in WAC 246-811-030.	Course topic identification form to be completed by applicant. Official transcripts verify course topic.
Two thousand five hundred hours of documented supervision and experience with an associate degree. Two thousand hours of documented supervision and experience with a baccalaureate degree. One thousand five hundred hours of documented supervision and experience with a master or doctoral degree or licensed ARNP or Psychologist, under an approved supervisor.	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification	State verification form must be completed by other state agencies/boards that govern chemical dependency counselors, in which the applicant is registered, certified, or licensed. Verification is required regardless of the status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training
- ☐ If already taken the NAADAC or ICRC examination, verification of scores need to come directly from the state in which the applicant took and passed the examination.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.205 & WAC 246-811. The program manager approves/disapproves applications that have a positive response to a personal data question and any other “red flag” file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Certified Chemical Dependency Professionals are required to renew certification every year on or before their birthday. Twenty-eight hours of continuing education and twelve hours of other professional development activities, as defined in WAC 246-811-047 and 246-811-200(2), are due every two years on or before their birthday. CDPs are required to submit the appropriate fee, renewal card, and affidavit of compliance with the continuing competency requirement.

Washington State Credentialing Requirements

CHIROPRACTIC X-RAY TECHNICIAN (Chapter 18.25 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
48 hours of classroom instruction which has been approved by the Commission	An official letter of completion with grade from the approved educational institution.
Work history (professional training & experience)	Must have complete chronology, which includes employment in radiologic technology field.
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Verification of passing a proficiency examination in radiologic technology, which is approved by the Commission.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, verifying documents or otherwise “red flag” applications. Any application with positive answers to personal data questions or otherwise “red flag” applications are reviewed by the program manager and then forwarded to the commission. The commission makes the final determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Chiropractic X-Ray Technicians are required to renew their registration annually on or before their birthday. They are required to submit the appropriate fee, renewal card and complete six hours of continuing education annually.

Washington State Credentialing Requirements

CHIROPRACTOR (Chapter 18.25 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited chiropractic college approved by the Chiropractic Quality Assurance Commission and show satisfactory evidence of a resident course of study of at least 4,000 classroom hours of instruction.	An official transcript and diploma certified by the registrar, from an approved chiropractic college.
Completion of not less than one-half the requirements for a baccalaureate degree at an accredited and approved college or university if the applicant matriculated after January 1, 1975. Applicants who matriculated prior to January 1, 1975, must show proof of high school or its equivalent.	Official transcripts from pre-chiropractic schools showing successful completion of at least two years of liberal arts and sciences study.
Successfully completed National Board of Chiropractic Examiners Test Parts I, II, III, and IV.	An official certificate of proficiency sent directly to the Department from the National Board of Chiropractic Examiners, Parts I, II, III, and IV.
State licensure verification	Verification of licensure status from all other states and Canadian Provinces where applicant has been issued a license to practice chiropractic. Verification is required whether license is active or inactive. Form must be sent directly from state licensure board(s). Licenses listed by applicant on application, checked against licenses reported on Federation of Chiropractic Licensing Boards (FCLB) profile. All applicants are run through CIN-BAD the database with the FCLB.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
Work history (professional training & experience)	Must have complete chronology from pre-chiropractic schools to date of application. All time breaks of 30 days or more must be accounted for.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ❑ HIV/AIDS training (certification of completion of 4 hours)
- ❑ Successfully passed National Board of Chiropractic Examiners test Parts I and II, III, & IV.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager or licensing representative is authorized by the Commission to approve applications for licensure except for applications that have the following:

- 1) positive answers on state or post-graduate training verifications;
- 2) applicants without an active license for more than three years; and/or
- 3) positive answers to personal data questions, except for questions regarding malpractice history.
 - a) Applicants with malpractice history or with positive answers are considered “red flag” applications are reviewed by legal then forwarded to a reviewing commission member who presents to a panel of the Commission. An applicant is formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Chiropractors are required to renew their license every year on or before their birthday. Chiropractors are required to complete 25 hours of continuing education yearly. The Commission has approved specific subject continuing education material.

Washington State Credentialing Requirements

COUNSELOR (Chapter 18.19 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Counselors are required to renew their registration every year on or before their birthday. They are required to submit the appropriate fee and renewal card. No continuing education is required.

Washington State Credentialing Requirements

DENTAL HYGIENIST (Chapter 18.29 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited dental hygiene program	Official transcript with degree date posted received directly from applicant's dental hygiene school.
Work history (professional training & experience)	Must have complete chronology from receipt of dental hygiene degree to the date of application.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state dental hygiene/dental boards where applicant is or was licensed must complete the state verification form. All licenses listed on the application are checked through the American Association of Dental Examiners Clearinghouse for disciplinary information.
HIV/AIDS training	Certified on application

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

Licensure by Examination: Must successfully pass the examination (Jurisprudence-Washington State; Restorative, Basic Hygiene and Local Anesthetic-Western Regional Examining Board; and National Board) - scores verified from appropriate organization/agency. Expanded functions training verified from approved dental hygiene education program.

Licensure by Credentials: Expanded functions training verified from approved dental hygiene education program. Must be licensed in a qualifying state, which is verified by the state board, as well as currently be in practice (within the last year) - certified on application

Temporary License: Expanded functions training verified from approved dental hygiene education program (for Local Anesthetic and Restorative Endorsements only) and successful completion of Legend Prescription Drug and Law Test. Practice requirement (560 hours in the last 2 years). For 18 months only-non renewable.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program assistant reviews and approves applications that do not have positive answers to personal data questions, verifying documents or otherwise "red flag" applications. The case management team, program manager, and executive director review and make determinations on all other applications. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Dental Hygienists are required to renew their license every year on or before their birthday. In addition to submitting the appropriate fee along with the renewal card, dental hygienists are required to verify completion of 15 clock hours of continuing education every year including a current CPR card.

Washington State Credentialing Requirements

DENTIST (Chapter 18.32 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a dental school approved by the Dental Quality Assurance Commission. The Dental Quality Assurance Commission (DQAC) adopts those standards of the American Association's Commission on Accreditation that were relevant to accreditation of dental schools and current in May 1993. The DQAC has approved all and only those dental schools, which were accredited by the commission as of May 1993.	Certification of successful completion of the National Board Dental Examination Parts I and II. An original scorecard or a certified copy of the scorecard shall be accepted. Proof of graduation from an approved dental school. The only acceptable proof is an official, posted transcript sent directly from such school, or in the case of recent graduates, a verified list of graduating students submitted directly from the dean of the dental school. Graduates from non-accredited dental schools must also meet the requirements outlined in WAC 246-817-160.
Work history (professional training & experience)	Must have a complete listing of professional education and experience including college or university (pre-dental), and a complete chronology of practice history from the date of dental school graduation to present, whether or not engaged in activities related to dentistry.
Statement regarding: <input type="checkbox"/> Physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	State licensure verification must be completed by each and every state the applicant has ever been licensed in, whether the license is active or inactive. The verifications must come from the state licensing board and have the state seal affixed.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Proof of seven hours of HIV/AIDS education and training as further defined by WAC 246-817-201.
- ☐ Certification of malpractice insurance if available, including dates of coverage and any claims history. Query from the National Practitioners Bank, American Association of Dental Examiners and the DEA. If applicant is in the military, applicant must get letter of recommendation from his commanding officer.
- ☐ A written jurisprudence examination will be given once all necessary information is received.
- ☐ **Licensure by Examination:** The program manager reviews and approves applicants for licensure by exam criteria. An applicant seeking licensure in Washington by

examination must successfully complete a written and practical examination approved by the DQAC consisting of:

- a) Written: Only national board exam accepted, except as provided in (c) of this subsection.
- b) Practical/practice: The DQAC accepts the Western Regional Examining Board's (WREB) clinical examination as its examination standard for initial licensure after January 1, 1995. The results of the WREB examination shall be accepted for five (5) years immediately preceding application for state licensure.
- c) The Dental Quality Assurance Commission also accepts the Central Regional Dental Testing Services (CRDTS) as meeting its exam standard for initial licensure as of November 1, 2001. The results of the CRDTS exam will be accepted for 5 years immediately preceding application for licensure.
- d) The DQAC may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant shall receive information concerning such examination.

An application for the clinical examination may be obtained directly from the Western Regional Examining Board located in Arizona at 602-944-3315.

An application for the clinical examination may be obtained directly from the Central IRegional Dental Testing Services at (785) 273-0380.

Licensure without Examination (LWOE): The applicant is responsible for obtaining and furnishing to the department all materials required for a license without examination. In addition to the requirements defined in WAC 246-817-110 the following documentation must be provided.

- 1) A statement by the applicant as to whether he/she has been the subject of any disciplinary action in the state(s) of licensure and whether he/she engaged in unprofessional conduct as defined in RCW 18.130.180.
- 2) A statement by the applicant that he/she is not an impaired practitioner as defined in RCW 18.130.180.
- 3) A certification by the state board(s) of dentistry (or equivalent authority) that, based on successful completion of an examination, the applicant was issued a license, registration, certificate of privilege to practice dentistry, without restrictions, and whether he/she has been the subject of final or pending disciplinary action.
- 4) Documentation to substantiate those standards defined in WAC 246-817-140 has been met. Applicants must meet a substantively equivalent examination standard.
- 5) Proof that the applicant is currently engaged in the practice of clinical, direct patient care dentistry, in another state, and has been practicing for a minimum of five years within the seven years immediately preceding application, as demonstrated by the following information:
 - a) Address of practice location(s); Length of time at the location(s);
 - b) Certification of a minimum of 20 hours per week in clinical dental practice;
 - c) A letter from all malpractice insurance carrier(s) defining the years when insured and any claims history;
 - d) Federal or state tax numbers; and
 - e) DEA numbers, if any.
- 6) Dentists serving in the United States federal services as described in RCW 18.32.030(2), for the period of such service, need not provide (a) through (f) above, but must provide documentation from their commanding officer regarding length of service, duties and responsibilities including any adverse actions or restrictions. Such dental service, including service within the state of Washington, shall be credited toward the dental practice requirement.
- 7) Dentists employed by a dental school approved by the DQAC for the period of such dental practice need not provide (a) through (f) above. Although, they must provide documentation from the dean or appropriate administrator of the institution regarding

the length and terms of employment and their duties and responsibilities, and any adverse actions or restrictions. Such dental practice, including practice within the state of Washington, shall be credited toward the dental practice requirement. A license may be revoked upon evidence of misinformation or substantial omission.

- 8) All information must be completed and received within one hundred eighty days (180) of receipt of the initial application. Only completed applications will be reviewed by the DQAC, or its designee(s) at the next scheduled DQAC meeting or at other intervals as determined by the DQAC.

RENEWAL REQUIREMENTS

Dentists are required to renew their licenses annually on or before their birthday. They are required to submit the appropriate fee and renewal card. Continuing Education requirements became effective 7/1/2001 and will require all licensed dentists to attest to completion of 21 hours of continuing education with each renewal cycle beginning 7/1/2002. Refer to WAC 246-817-440 and 246-12-Part 7 for more information.

Washington State Credentialing Requirements

DENTURIST (Chapter 18.30 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Successful completion of formal training with a major course of study in denturism of not less than two years duration.	Official copy of transcript sent directly to the department from the educational institution.
Verification of state licensure in a state with substantially equivalent standards as Washington, including a written and clinical examination.	Other denturist boards must complete the state verification form where applicant is licensed. The form must be sent directly from out-of-state denturist licensing authority to the department and must indicate whether applicant was licensed through endorsement or examination.
Work history (practice information)	Must have complete listing of all employment within the practice of denture technology.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training.
- ☐ Successful passing a written and clinical examination approved by the board.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have any positive answers to personal data questions, verifying documents or otherwise “red flag” applications. All other applications are forwarded to the Board of Denture Technology for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

A denturist license issued effective on a date other than the licensee's birthday, is only valid until the following birthday. Following initial licensure, the denturist is required to renew license every two years on or before their birthday. Licensee is required to submit the appropriate fee and renewal card. No continuing education is required.

Washington State Credentialing Requirements

DIETITIAN AND NUTRITIONIST (Chapter 18.138 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
<u>Dietitian:</u> Baccalaureate degree or higher in major course study in human nutrition, foods and nutrition, dietetics, or food management.	Official transcript with degree and completion date posted sent directly from the applicant's school. Transcripts not in English must be accompanied by official translation.
<u>Nutritionist:</u> Masters or doctorate degree in one of the following subject areas: human nutrition, nutrition education, foods and nutrition, or public health nutrition.	Official transcript with degree and completion date posted sent directly from the applicant's school. The College or University must be accredited by the Western Association of Schools and Colleges or by a national or regional body recognized by the Council on Post-secondary Education. Transcripts not in English must be accompanied by official translation.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Nutritionists may receive certification by complying with dietitian requirements (in addition 3 hours of HIV/AIDS training).
- ☐ Successful passing examination (Commission on Dietetic Registration) -- Applicant must send a copy of CDR card.
- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves routine applications. Applications that have "yes" answers to personal data questions, questionable verifying documents, or otherwise "red flag" applications are forwarded to the program manager for a decision. If there are questions, the case management team, program manager, and executive director review and make determinations. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Dietitians and Nutritionists are required to renew certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card.

Washington State Credentialing Requirements

DISPENSING OPTICIAN (Chapter 18.34 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited high school or completion of GED	Transcript from the institution sent directly to the Department.
Completion of either an apprenticeship program in this state or 5 years out of state experience or completion of a prescribed course in opticianry approved by the Secretary	Training Certificate completed by supervisor or Certificate of Experience completed by employers or transcript from the institution with degree posted.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Verification of licensure form completed by the state of issue.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS education
- ☐ Completion of the State Law Exam

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications for dispensing opticians are reviewed by program staff for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Dispensing Opticians are required to renew their license annually on or before their birthday. Thirty hours of continuing education is due every three years. At least fifteen of those hours must pertain to contact lenses.

Washington State Credentialing Requirements

DISPENSING OPTICIAN APPRENTICE (Chapter 18.34 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Registration of an apprentice requested by physician, optometrist or dispensing optician	Application for registration as an Apprentice Dispensing Optician
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications for dispensing optician apprentice are reviewed by program staff for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Dispensing Optician Apprentice registration is valid for 6 years from the registration date.

Washington State Credentialing Requirements

HEALTH CARE ASSISTANT (Chapter 18.135 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education and occupational qualifications, work experience, and instruction for health care assistant category. Types of drugs or diagnostic agents that may be administered by injection by health care assistants working in a hospital or nursing home.	<p>A copy of transcript or diploma and course outline showing completion of the course information outlined below:</p> <p>Category A, to perform venous and capillary invasive procedures for blood withdrawal. <u>Education:</u> High school education or its equivalent. No additional education is required.</p> <p>Category B, to perform arterial invasive procedures for blood withdrawal. <u>Education:</u> Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology.</p> <p>Category C, to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents. <u>Education:</u> One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology.</p> <p>Category D, to perform intravenous injections for diagnostic agents. <u>Education:</u> Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology.</p> <p>Category E, to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for therapeutic agents. <u>Education:</u> One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology.</p> <p>Category F, to perform intravenous injections for therapeutic agents. <u>Education:</u> Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, chemistry, concepts of asepsis, and microbiology.</p>

<p>An individual may not function as or represent himself or herself as a hemodialysis technician, category G, unless that individual has satisfied the training and competency requirements. The hemodialysis technician shall receive training, evaluation(s), and assessment of knowledge and skills to determine minimum level competency.</p>	<p>The delegator [Medical Doctor (MD), Doctor of Osteopathy (DO), or Advanced Registered Nurse Practitioner (ARNP) with Prescriptive Authority] must sign the Delegation of Procedures section of the application form authorizing the applicant to perform those procedures identified in the category(ies) being requested for certification. The delegator also certifies that the health care assistant has met the required educational, clinical training and instructions, work experience, and has demonstrated the knowledge and skills.</p> <p>The Preceptor [Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP) or Registered Nurse] must sign the Hemodialysis Technician section of the application form verifying that the applicant:</p> <ul style="list-style-type: none"> • completed six to eight weeks of training in both didactic and supervised clinical instruction, as required by WAC 246-826-302. • meets the minimum standards of practice and core competencies of hemodialysis technicians as required by WAC 246-826-303.
<p>Post-secondary Educational Courses (professional training) Categories B, C, D, E, F only.</p>	<p>Must have complete chronology from date completed education.</p>
<p>Statement regarding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.</p>
<p>Medication and Diagnostic Agent List - Categories C, D, E, F, G only.</p>	<p>The list of specific medications, diagnostic agents, and the route of administration of each that has been authorized for injections shall submitted to the Department of Health at the time of initial certification registration and again with every re-certification registration. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the Department of Health within thirty days of the change.</p>

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. Any application with positive answers to personal data questions or otherwise "red flag" applications are reviewed by the program manager and then forwarded to a staff attorney for legal opinion. The program manager, staff attorney, and/or executive

director make the final decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Health Care Assistants are required to renew certification every two years from the date certification was issued. No continuing education is required.

Washington State Credentialing Requirements

HEARING INSTRUMENT FITTER/DISPENSER (Chapter 18.35 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of six months in a Board approved apprenticeship program or equivalent Board approved formal education and High School Diploma or GED.	Form provided by the department completed by the apprenticeship trainer. Official copy of transcripts. School seal on transcript and received in an envelope sealed by the school. Transcripts not in English must be accompanied by official translation. Copy of diploma or GED.
State licensure/verification history	Applicant lists all states where licenses are or were held, including where applicant has applied but a license was never granted. If applicant is or was licensed in another jurisdiction, a verification form must be completed and submitted by the jurisdiction. Applicant sends DOH form to jurisdiction for completion and jurisdiction sends completed form directly to the department.
Bonding requirement	Applicant attests that a surety bond covers them. The bond number, surety company and agent's name is provided.
Present employer or establishment	Applicant provides the business name and address of current employer or establishment in which they are working.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Applicant certification form that the applicant understands he/she is presumed to know Washington State statutes and rules.
- ☐ Successfully passed board approved Hearing Instrument Fitter/Dispenser exam.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Endorsement: Staff reviews forms to verify other jurisdiction license is current, and no disciplinary action was initiated or taken against the license and meets other requirements. If the particular jurisdiction has not previously been approved for endorsement, a reviewing board member reviews the jurisdictions licensing requirements.

New Licensees: Staff reviews applications from applicants who have no current license in another state to make an initial determination on eligibility for licensure.

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents, or are otherwise “red flag” applications. “Red flag” applications are forwarded to the program manager for decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Hearing Instrument Fitter/Dispensers are required to renew their license every year on or before their birthday. They are required to submit the appropriate fee, renewal card, and bond card. Completion of ten hours of continuing education is required every year.

Washington State Credentialing Requirements

HYPNOTHERAPIST (Chapter 18.19 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Hypnotherapists are required to renew their registration every year on or before their birthday.

Washington State Credentialing Requirements

LICENSED PRACTICAL NURSE (Chapter 18.79 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an approved nursing program	Official transcript with degree date posted, received directly from the school of nursing or from another state board.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification (for endorsement)	Verification of licensure by exam from original board sent directly to us.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successful completion of exam for license

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. All other applications are forwarded to a reviewing board member for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Renewal is every year on or before the licensee’s birthday. There are no continuing education requirements.

Washington State Credentialing Requirements

MARRIAGE AND FAMILY THERAPIST (Chapter 18.225 RCW)

Type of Credential:

Licensure

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
A master's or doctoral degree in any of the behavioral sciences.	Official transcript with degree date posted received in an envelope sealed by the school. Transcripts not in English must be accompanied by an official translation.
<p>A total of 45 semester hours or 60 quarter hours are required in the following subjects:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marital and family systems <input type="checkbox"/> Marital and family therapy <input type="checkbox"/> Individual development <input type="checkbox"/> Psychopathology <input type="checkbox"/> Human sexuality <input type="checkbox"/> Research <input type="checkbox"/> Professional ethics and law <input type="checkbox"/> Electives (one course) 	The coursework form to be completed by the applicant and verified by the official graduate school transcripts, which specify number of quarter or semester hours.
Must have a minimum of 24 months of supervised post-graduate practice, totaling 1,000 hours of direct client contact, 500 hours diagnosing and treating couples and families, and 200 hours of supervision. 100 of the 200 hours must be individual supervision.	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.
<p>Statement regarding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification	State verification form must be completed by other state agencies/boards that govern marriage and family therapists, in which the applicant is registered, certified, or licensed. Verification is required regardless of the status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training
- ☐ If already taken the AMFTRB, need verification directly from Professional Examination Services.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. The program manager approves/disapproves applications that have a positive response to a personal data question and any other “red flag” file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Marriage and Family Therapists are required to renew licensure every year on or before their birthday. Thirty-six hours of continuing education (six hours must be in law and ethics) is due every two years on or before their birthday. Marriage and Family Therapists are required to submit the appropriate fee, renewal card and affidavit of compliance with the continuing education requirement.

Washington State Credentialing Requirements

MESSAGE PRACTITIONER (Chapter 18.108 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Completion of a Washington State Board of Massage approved education program.	Verification of Completion Form stamped with the Program's Department of Health issued stamp received directly from the Assessment Systems Incorporated. --or-- Official transcript with completion date posted received directly from the applicants education program. Transcripts not in English must be accompanied by official translation.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status. The department requests a criminal history check on applicants with completed application. Threshold is determined concerning all criminal history following the Case Disposition Guidelines.
License verification	Verification form must be completed by other jurisdiction's Massage Program where applicant is or was licensed. Form must be sent from out-of-state Massage Program directly to Department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Successful passing examination (NCETMB) -- National Certification Board must send a copy of examination score report directly to Department.
- ☐ First Aid and CPR cards
- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. All other applications are forwarded to the program manager for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Massage Practitioners are required to renew license every year on or before their birthday. Sixteen hours of continuing education is due every two years on or before their birthday. Licensee is required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.

Washington State Credentialing Requirements

MENTAL HEALTH COUNSELOR (Chapter 18.225 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university.	Official transcript with degree date posted received in an envelope sealed by the school. Transcripts not in English must be accompanied by an official translation.
Subject content includes a core study relating to counseling theories, counseling philosophy, counseling practicum or counseling internship.	Subject content form to be completed by applicant. Official graduate school transcripts verify course content.
Three years full-time counseling or three thousand hours of documented postgraduate supervised experience, including 1200 hours of direct client contact and 100 hours of immediate supervision, by an approved supervisor.	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification	State verification form must be completed by other state agencies/boards that govern mental health counselors, in which the applicant is registered, certified, or licensed. Verification is required regardless of the status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training
- ☐ If already taken the NCE or NCMHCE examination, verification of scores need to come from NBCC directly or may be verified by another state in which the applicant was licensed.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Mental Health Counselors are required to renew licensure every year on or before their birthday. Thirty-six hours of continuing education, six hours must be in law and ethics is due every two years on or before their birthday. Mental Health Counselors are required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.

Washington State Credentialing Requirements

MIDWIFE (Chapter 18.50 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
<p>Graduation from an approved midwifery program or</p> <p>A foreign institute on midwifery of equal requirements conferring the right to practice in the country in which it was issued.</p>	<p>Official transcript with date midwifery certificate was issued received directly from the Midwifery School.</p> <p>Foreign graduates may need to supply more information regarding their program and cause their school to provide information so that it can be determined if they are of equal requirements. They must also have proof of their licensure in the foreign jurisdiction sent directly from the agency from which it was issued. Credit toward educational requirements for licensure of unlicensed midwives will be considered on a case by case basis. Existing rules are used to make a determination.</p>
Work history	Must have complete chronology from receipt of midwifery degree.
<p>Statement regarding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.</p>
State licensure verification	<p>If otherwise licensed as a health care professional in other states, the verification form must be completed by other health care licensing entity. Form must be sent directly from out-of-state entity. Verification is required whether license is active or inactive. Program staff performs verification of any in-state health care credentials.</p>

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully pass the Midwifery Licensure Examination
- ☐ Two letters of recommendation

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that are trained from an approved school and the application does not have positive answers to personal data questions. Applications undergo further review when the applicant is not educated at an approved school, is foreign trained or has positive answers to personal data questions. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Midwives are required to renew license every year on or before their birthday.

Washington State Credentialing Requirements

NATUROPATH (Chapter 18.36A RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a state approved naturopathic school.	Official transcript with degree date posted received directly from applicant's naturopathic school.
Work History (professional training & experience)	Must have complete chronology from receipt of naturopathic degree to the date of application. All time periods must be accounted for.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state naturopathic boards must complete the state verification form where applicant is/was licensed. The form must be sent directly from out-of-state board to the Department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national examination (basic science series, clinical exams, homeopathy and minor surgery) - scores sent directly from NPLEX
- ☐ Passage of state jurisprudence examination

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.36A and WAC 246-836. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Naturopathic Physicians are required to renew their license every year on or before their birthday. They are required to submit the appropriate fee, renewal card and obtain 20 hours of continuing education every year.

Washington State Credentialing Requirements

NURSING ASSISTANT – CERTIFIED (Chapter 18.88A RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
A minimum of 85 hours of training & education required (35 theory & 50 clinical). This can be done through a state approved program, students who are in an LPN or RN program who have met the minimum requirement, military medic or corpsman training, or out-of-state training programs that meet our requirements. Passing of the OBRA (Omnibus Budget Reconciliation Act of 1987) Competency Exam.	Transcripts, training certificates, official letter documenting training from a training program, official document that shows training hours in theory & clinical. For the OBRA exam, the applicant must also meet Federal requirements through DSHS.
Work history	Not required unless the applicant is endorsing into this state from another state.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers.
Verification of placement on a state OBRA registry is required if applicant is applying for endorsement.	State verification form must be completed by the other state and sent directly to the department. This is to verify that the nursing assistant is on the OBRA Registry in another state.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. All other applications are forwarded to the case management team for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Renewal is yearly on or before their birthday. There are no continuing education requirements.

Washington State Credentialing Requirements

NURSING ASSISTANT – REGISTERED (Chapter 18.88A RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers.

No formal training required. Registered Nursing Assistants employed in a nursing home have 4 months to complete an approved training program and testing for certification. Certification is voluntary in any work location other than a nursing home.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. All other applications are forwarded to the case management team for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Renewal is yearly on or before their birthday. There are no continuing education requirements.

Washington State Credentialing Requirements

NURSING HOME ADMINISTRATOR (Chapter 18.52 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of a Baccalaureate degree from a recognized institution of higher learning	Official copy of bachelor degree transcript with degree posted. School seal on transcript and received in an envelope sealed and mailed directly to the department by the school. Transcripts not in English must be accompanied by official translation.
State licensure verification/history	Applicant lists all states where licenses are or were held, including where applicant has applied but a license was never granted. If applicant is or was licensed in another jurisdiction, a verification form must be completed and submitted by the jurisdiction. Applicant sends DOH form to jurisdiction to complete and mail directly to DOH.
Professional experience in the health care and management field, including services in the armed forces	Applicant provides details of experience to include name/address of employer, type of business, position title, name of supervisor, detailed description of duties, number of employees supervised for each qualifying position.
Proposed AIT program	Applicant completes a form that shows plan of number of hours of rotation through departments in a nursing home, provides a written proposal for a problem-solving project. Proposed preceptor must send a letter to verify the proposed preceptor has been a licensed nursing home administrator for 3 years; employed full time in the same nursing home as AIT; agree to meetings with AIT; and agree to provide quarterly reports to the Board.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully completes AIT program if required
- ☐ Successfully passed national examination (NAB), the passing score verified from appropriate jurisdiction.

PROCESS FOR APPROVING/DENYING APPLICATIONS

New Licensees: Program staff reviews experience of applicants who have no current license in another state to make an initial determination on length of administrator-in-training (AIT) program required of applicant. If there's a question on length of AIT program, staff consults with a board member for determination. Staff notifies applicant about length of AIT program.

Endorsement: Program staff reviews forms to verify applicant has passed NAB exam, completed an AIT program, other jurisdiction license is current, and no disciplinary action was initiated or taken against the license and applicant meets other requirements.

Program staff reviews AIT's preceptor qualifications and AIT program proposal. If there is a question on components of program, it is sent to a board member for review and approval. Staff notifies applicant about start and end date of AIT program.

Applications that have "yes" answers to personal data questions, questionable verifying documents, or otherwise "red flag" applications are forwarded to a reviewing board member for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Nursing home administrators are required to renew their license every year on or before their birthday. Licensee is required to submit the appropriate fee and renewal card. Completion of 54 hours of continuing education is required every 3 years.

Washington State Credentialing Requirements

NURSING POOLS (Chapter 18.52C RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Indicate kind of business <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Association	Corporate certificate number collected and a copy of articles of incorporation and by-laws. If corporation is out of state, a copy of the form titled "Certificate of Authority to do Business in Washington" as on file with the Washington State Secretary of State's Office and copy of current by-laws.
Liability Insurance	Copy of policy
Compliance with criminal background check requirement	Must complete and sign background check compliance affidavit
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

Applicants must acknowledge that they will do criminal background checks on all health care providers before referring to a facility.

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. Any application with positive answers to personal data questions or otherwise "red flag" applications are reviewed by the program manager and then forwarded to a staff attorney for legal opinion. The program manager, staff attorney, and/or executive director make the final decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Nursing Pools are required to renew their registration annually prior to expiration. They are required to submit the appropriate fee, renewal card and background check compliance affidavit.

Washington State Credentialing Requirements

OCCUPATIONAL THERAPIST (Chapter 18.59 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a nationally accredited, Board approved school	Official transcript with degree date posted received directly from applicant's occupational therapist school. For internationally educated applicants, an official program description must also accompany the official transcript.
A minimum of six month supervised fieldwork experience	This information is on the official transcript.
Employment history	Must have complete chronology of activities from graduation from OT program to date of application.
State licensure verification	Any jurisdiction where a licensee has held a license sends written verification directly from that Board to the department.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
Employment verification/affidavit	For internationally educated applicants, an Affidavit/Verification must be sent directly from all employers for the past three years.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- ☐ Applicants must complete the "Jurisprudence Examination" that is included as a part of the application packet.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. Any application with positive answers to personal data questions, applications submitted by an internationally trained therapist or otherwise "red flag" applications are sent to a Board Member for review and determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Occupational Therapists are required to renew their license every two years on or before their birthday. In addition to submitting the appropriate fee, they are required to complete 30 hours of continuing education.

Washington State Credentialing Requirements

OCCUPATIONAL THERAPIST ASSISTANT (Chapter 18.59 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a nationally accredited, Board approved school	Official transcript with degree date posted received directly from applicant's occupational therapy assistant school.
A minimum of two month supervised fieldwork experience	This information is on the official transcript.
Employment history	Must have complete chronology of activities from graduation from OT program to date of application. Any time gaps must be accounted for.
State licensure verification	Any jurisdiction where a licensee has held a license sends written verification directly from their Board to this office.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Applicants must attain a passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- ☐ Applicants must complete the "Jurisprudence Examination" that is included as a part of the application packet. The test is not graded, but applicants are informed of any incorrect responses, and given the correct answer.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise "red flag" applications. Any application with positive answers to personal data questions, applications submitted by an internationally trained therapist or otherwise "red flag" applications are sent to a Board Member for review and determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Occupational Therapist Assistants are required to renew their license every two years on or before their birthday. In addition to submitting the appropriate fee, they are required to complete 30 hours of continuing education.

Washington State Credentialing Requirements

OCULARIST (Chapter 18.55 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited high school or completion of GED	Transcript from the institution sent directly to the Department
Completion of either an apprenticeship program in this state or 5 years out of state experience or completion of a prescribed ocularist course approved by the Secretary	Training Certificate completed by supervisor or Certificate of Experience completed by employers or transcript from the institution with degree posted
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Verification of licensure form completed by the state of issue and sent directly to the department.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Completion of the State Law Exam
- ☐ 4 hours of HIV/AIDS education

PROCESS FOR APPROVING/DENYING APPLICATION

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. Any application with positive answers to personal data questions or otherwise “red flag” applications are reviewed by the program manager and then forwarded to the assistant attorneys general for legal opinion. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Ocularists are required to renew their license annually on or before their birthday. No continuing education is required.

Washington State Credentialing Requirements

OCULARIST APPRENTICE (Chapter 18.55 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Request for registration submitted by applicant for apprenticeship as an Ocularist	Application for registration as an Apprentice Ocularist
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credentials verification	Verification of credentials form completed by the other state of issue and sent directly to the department.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Completion of the State Law Exam
- ☐ 4 hours of HIV/AIDS education

PROCESS FOR APPROVING/DENYING APPLICATION

Completed applications are reviewed by program staff for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Ocularist Apprentice's registration is valid for eight years.

Washington State Credentialing Requirements

OPTOMETRIST (Chapter 18.53 & 18.54 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited School of Optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington State Board of Optometry.	Official transcript with degree date posted, received directly from the School of Optometry.
Successful Completion of the National Board of Examiners in Optometry (NBEO) Parts I, II, III and the Treatment and Management of Ocular Disease (TMOD)	NBEO sends official scores directly to the department.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verifications	Form completed by license authority of other states.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Jurisprudence Questionnaire
- ☐ Form completed by the applicant certifying that he/she has completed a minimum of 4 hours of HIV/AIDS education and training through an approved Organization, College, University, etc; professional references.

Endorsement: An optometrist may be licensed without examination if the applicant is licensed in another state with licensing standards judged by the Board to be substantially equivalent to the standards in Washington. Candidates must provide a copy of the current law and regulation for the state from which they are licensed and verification of their status.

Endorsement to use Diagnostic Pharmaceutical Agents: The accredited school of optometry in which the applicant completed the additional training completes the required form. Diagnostic- a minimum of sixty (60) hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry. (Completed after July 1981)

Endorsement to use Therapeutic Pharmaceutical Agents: Therapeutic - an additional minimum of seventy-five (75) hours of didactic and clinical instruction as established in WAC 246-851-400. (Completed after July 23, 1989)

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by program staff for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Optometrists are required to renew their licenses each year on or before their birthday.

Fifty hours of continuing education is due every two years.

Washington State Credentialing Requirements

ORTHOTICS/PROSTHETICS (Chapter 18.200 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
A bachelor degree or a certificate program from an approved school.	Official transcript with degree or certificate date posted received directly from an applicant's school or program. Transcripts not in English must be accompanied by official translation.
Completed clinical internship or residency of 1900 hours.	Original form completed by the approved residency program or residency supervisor.
Completion of multiple choice and patient simulation examinations administered by the American Board for Certification in Orthotics and Prosthetics, Inc.	Verification sent directly from the American Board for Certification in Orthotics and Prosthetics that the applicant has completed the required examinations.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	State verification form must be completed by state of licensure and be sent directly from that state to department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training references

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by program staff for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Orthotists and prosthetists are required to renew their credential every year on or before their birthday. Licensee is required to submit appropriate fee and renewal card. Rules regarding continuing competency requirements are being developed.

Washington State Credentialing Requirements

OSTEOPATHIC PHYSICIAN AND SURGEON (Chapter 18.57 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited or approved osteopathic school	Official transcript with degree date posted received directly from applicant's osteopathic school.
Must have successfully completed at least one year of post-graduate training	Post-graduate training program investigative letter/form must be completed by program director and returned directly to the department. Staff verifies program accreditation by either the AMA or AOA. All programs listed must be verified.
Work history (professional training & experience)	Must have complete chronology from receipt of osteopathic degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past 5 years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on the application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state licensure boards must complete the state verification form where applicant is/was licensed. The form must be sent directly from out-of-state boards to the department. Verification is required whether license is active or inactive. Licenses listed by applicant on application, checked against licenses reported on the AOA physician profile.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed examination (NBOME, USMLE or FLEX and Practice and Principles) - scores verified from appropriate organization/agency
- ☐ AOA Physician Profile
- ☐ Federation of State Medical Boards verification

NOTE: The Board has accepted participation to the Federation of State Medical Boards Credentials Verification Service (CVS). The Federations CVS will collect core documents (school, post-graduate training, exam scores and federation clearance) and the Board will accept certification from CVS as meeting that portion of the requirements.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by either a reviewing board member or the full Board on a frequent basis for approval or denial. The Board may delegate application review and approval to authorized staff at its discretion. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Osteopathic physicians are required to renew their license every year on or before their birthday. Licensee is required to submit the appropriate fee and renewal card. They are also required to complete 150 hours of continuing education every three years.

Washington State Credentialing Requirements

OSTEOPATHIC PHYSICIAN ASSISTANT (Chapter 18.57A RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited and approved physician assistant program	Official transcript with degree date posted received directly from applicant's physician assistant program.
Pass an examination approved by the board within one year of program completion.	Verification of completion of examination from the National Commission on Certification of Physician Assistants.
Work history (professional training & experience)	Must have complete chronology from receipt of physician assistant degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past 5 years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state boards where applicant is or was licensed in any health profession must complete the state verification form. The form must be sent directly from out-of-state board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by either a reviewing board member or the Board on a frequent basis for approval or denial. The Board may delegate application review and approval to authorized staff at its discretion. An applicant will be formally notified of a denial and has the opportunity for a hearing.

NOTE: Additional documentation required in order to practice as described in Process for Practice Plan Approval below.

Process For Practice Plan Approval

Before a physician assistant is able to practice with an osteopathic physician, they must submit a practice plan that defines the working relationship between themselves and their supervising osteopathic physician.

- ❑ For Prescriptive Authority for controlled substances, schedules III-V, they must successfully pass examination (NCCPA) - scores verified from the National Commission on Certification of Physician Assistants
- ❑ Letter of evaluation from previous supervising physician

Completed practice plans are reviewed by either a reviewing board member or the full Board on a frequent basis for approval or denial. The Board may delegate application review and approval to authorized staff at its discretion. An osteopathic physician assistant licensee will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Osteopathic Physician Assistants are required to renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card, as well as complete 50 hours of continuing education every year.

Washington State Credentialing Requirements

PHARMACIES AND OTHER PHARMACEUTICAL FIRMS (RCW 18.64.005 and 18.64.043)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

Types of Firms:

Controlled Substances Researchers
 Community/Retail Pharmacies
 Health Care Entities/Surgery Centers
 Hospital Pharmacies
 Jail Pharmacies
 Long Term Care Pharmacies
 Mail Order Pharmacies
 Parenteral Pharmacies
 Drug Wholesalers*
 Over the Counter Drug Wholesalers*
 Reverse Drug Wholesalers*
 Export Wholesalers*
 Drug Manufacturers*
 Humane Societies/Euthanasia*
 Legend Drug Sample distributor*
 Poison Manufacturer/Seller*
 Precursors*

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Opening inspection	Must pass opening inspection
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
If a pharmacy intends (not mandatory) to use pharmacy ancillary personnel	Pharmacy must submit a utilization plan describing the tasks these persons will perform

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved for licensure by the program manager. If there are any positive answers on the personal data questions, the application is referred to the executive director. Information gathered is sent to the reviewing board member for recommendation. If the application is denied, applicant is formally notified of denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Pharmacies are required to renew their license on or before June 1 of each year. Licensee must submit the appropriate fee and renewal card. Firms indicated with a * renew their licenses on or before October 1 of each year.

Washington State Credentialing Requirements

PHARMACIST (Chapter 18.64 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited school of college of pharmacy	Copy of diploma or transcript with degree and date posted.
Work history (professional training & experience)	Must show employment history for past 5 years.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Must transfer licensure through pharmacy national clearinghouse to which all states and territories submit disciplinary actions.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national licensing examination and the state law examination

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by the program manager. If there are any positive answers on the personal data questions, the application is referred to the executive director. Information gathered is sent to reviewing board member for recommendation. If the application is denied, applicant is formally notified of denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Pharmacists are required to renew their license annually on or before their birthday. Licensee must submit a fee and a statement must be signed indicating 15 hours of pharmacy related continuing education has been earned during the previous twelve months.

Washington State Credentialing Requirements

PHARMACY ASSISTANT (Chapter 18.64A RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Employment in a pharmacy, in a position that routinely has access to drugs and patient specific information.	Completed application signed by applicant.
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by the program manager. If there are any positive answers on the personal data questions, the application is referred to the executive director. Information gathered is sent to reviewing board member for recommendation. If the application is denied, applicant is formally notified of denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Pharmacy assistants are required to renew their registration biennially on or before their birthday by submitting the renewal card.

Washington State Credentialing Requirements

PHARMACY INTERN (Chapter 18.64.080 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Acceptance into an approved pharmacy school	Listing verifying acceptance from approved pharmacy school
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by the program manager. If there are any positive answers on the personal data questions, the application is referred to the executive director. Information gathered is sent to reviewing board member for recommendation. If the application is denied, applicant is formally notified of denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Pharmacy interns are required to renew their registration annually on or before their birthday by submitting the renewal card and current renewal fee.

Washington State Credentialing Requirements

PHARMACY TECHNICIAN (Chapter 18.64A RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a Board of Pharmacy approved program	Completed application signed by applicant and program director.
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by the program manager. If there are any positive answers on the personal data questions, the application is referred to the executive director. Information gathered is sent to a reviewing board member for recommendation. If the application is denied, applicant is formally notified of denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Pharmacy technicians are required to renew their certification annually on or before their birthday by submitting the renewal card and current renewal fee.

Washington State Credentialing Requirements

PHYSICAL THERAPIST (Chapter 18.74 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a nationally accredited, Board approved school	Official transcript with degree date posted received directly from applicant's physical therapist school. For internationally educated applicants: a credentials evaluation report from a board-approved credential evaluation agency must accompany the application.
Two quarters clinical affiliations	Verified on the official transcript
Employment history	Must have complete chronology of activities from graduation from PT program to date of application. Employment within the last two years must be verified directly from the employer.
State licensure verification	Any jurisdiction where a licensee has held a license sends written verification directly from their Board to the department.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ Applicants must attain a passing score on the National Physical Therapy Examination (NPTE).
- ☐ HIV/AIDS education - A signed affidavit from applicant's program director stating that he/she received the required seven hours of AIDS education in his/her academic program. If the training was received outside the educational program, then a certificate of completion showing the completion of seven hours must be sent.
- ☐ Applicants must complete the "Jurisprudence Examination" that is included as a part of the application packet. The test is not graded, but applicants are informed of the correct responses.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff reviews and approves applications that do not have positive answers to personal data questions, verifying documents or otherwise "red flag" applications. Any application with positive answers to personal data questions, applications submitted by an internationally trained therapist or otherwise "red flag" applications are sent to a board member for review and determination. An applicant will be formally notified of a denial and has the opportunity for a brief adjudicative proceeding.

RENEWAL REQUIREMENTS

Physical Therapists are required to renew their license every year on or before their birthday. In addition to submitting the appropriate fee, physical therapists are required to complete 40 hours of continuing education and 200 hours of employment every two years. Licensees who were born in even-numbered years report during even-numbered years, those born in odd-numbered years report during odd-numbered years.

Washington State Credentialing Requirements

PHYSICIAN AND SURGEON (Chapter 18.71 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited or approved medical school	Official transcript with degree date posted received directly from applicant's medical school. Transcripts not in English must be accompanied by official translation. International medical school graduates may request certified copies of transcripts be sent directly to the department from another state or applicant sends original to the department for copying.
Completion of a residency or other post-graduate training program. Applicant must have successfully completed at least two years of post-graduate training if graduated after 7/85 and 1 year if before 7/85.	Post-graduate Training Program Director form must be completed by the program director and returned directly to the department. Program staff verifies that program has been accredited by AMA Accreditation Council for Graduate Medical Education. All programs listed must be verified.
Work history (professional training & experience)	Must have complete chronology from receipt of medical degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past 5 years of date of application and for more than 30 days. The hospital administration form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, date and summary of care given along with copies of the settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state medical boards where applicant is or was licensed must complete the state verification form. The form must be sent directly from the out-of-state medical board to the department. Verification is required whether the license is active or inactive. Licenses listed by applicant on the application are checked against licenses reported on AMA physician profile.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ❑ HIV/AIDS training
- ❑ Successfully passed examination (FLEX, USMLE or National Board Examination) - scores verified from appropriate organization/agency
- ❑ AMA Physician Profile
- ❑ Federation of State Medical Boards verification
- ❑ ECFMG Certificate, if international graduate

PROCESS FOR APPROVING/DENYING APPLICATIONS

- ❑ Documents from the AMA and Federation of State Medical Boards and documents verifying hospital privileges and state licenses which are over 6 months old from the date of application must be re-verified.
- ❑ The program manager reviews and approves applications as authorized by the Commission except for applications that have the following:
 - 1) positive answers on state, hospital or post-graduate training verifications;
 - 2) applicants without an active license for more than three years; and/or
 - 3) positive answers to personal data questions, except for questions regarding malpractice history.
 - a) Applications with malpractice history are reviewed by a medical consultant. If the medical consultant determines there is no basis for denying the application, the program manager or licensing manager reviews the application and if there are no other positive answers or “red flags”, approves application for licensure. If the medical consultant determines additional information is needed or that a member of the Commission should review the file, the application is forward to a reviewing board member for a decision.
 - b) Applications with positive answers or that are considered “red flag” applications are reviewed by the legal unit and then forwarded to a reviewing board member who presents it to a panel of the Commission for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Physicians are required to renew their license every two years on or before their birthday, and must complete 200 hours of continuing education every four years.

Washington State Credentialing Requirements

PHYSICIAN ASSISTANT (Chapter 18.71A RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited and approved physician assistant program	Official transcript with degree date posted received directly from applicant's physician assistant program. Program Director evaluation report.
Work history (professional training & experience)	Must have complete chronology from receipt of physician assistant degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past 5 years of date of application. Hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, date and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state boards where applicant is or was licensed in any health care profession must complete the state verification form. The form must be sent directly from out-of-state board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Federation of State Medical Boards verification
- ☐ Successfully passed examination by National Commission on Certification of Physician Assistants (NCCPA). An interim permit can be issued for one year while results are pending.

PROCESS FOR APPROVING/DENYING APPLICATIONS

- ☐ Documents from the Federation of State Medical Boards and verifications of hospital privileges and state licenses, which are over 6 months old from the date the application is completed, must be re-verified.

- ❑ The program manager reviews and approves applications as authorized by the Commission except for applications that have the following:
 - 1) positive answers on state, hospital or post-graduate training verification;
 - 2) applicants without an active license for more than three years; and/or
 - 3) positive answers to personal data questions, except for questions regarding malpractice history.
- ❑ Applications with malpractice history are reviewed by a medical consultant. If the medical consultant determines there is no basis for denying the application, the program manager reviews application for licensure. If there are no other positive answers or “red flags”, the application is approved for licensure. If the medical consultant determines additional information is needed or that a member of the Commission should review file, application is forwarded to a reviewing Commission member for review and approval or recommended denial.
- ❑ Applications with positive answers or are considered “red flag” applications are reviewed by the legal unit and then forwarded to a reviewing Commission member who presents to a panel of the Commission for approval or recommended denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

NOTE: Additional documentation required in order to practice as described in Process for Practice Plan Approval.

Process For Practice Plan Approval

- ❑ Before a physician assistant is able to practice with a physician, they must submit a practice plan defining the working relationship between themselves and their sponsoring or supervising physician.
- ❑ The program manager reviews and approves completed practice plans as authorized by the Commission except for those that have the following:
 - 1) instances where the sponsoring or supervising physician are currently sponsoring or supervising 3 or more physician assistants; and/or
 - 2) where the physician assistant or physician sponsor or supervisor are currently on order by the Commission.
- ❑ Practice plans where the sponsoring or supervising physician is currently sponsoring or supervising 3 or more physician assistants are reviewed by a medical consultant. If the medical consultant determines additional information is needed or that a member of the Commission should review the practice plan, the practice plan is forwarded to a reviewing Commission member for an approval/denial decision.
- ❑ Practice plans where the physician assistant, physician sponsor or supervisor has had prior action by the Commission are forwarded to a reviewing Commission member for an approval/denial decision. Licensee will be formally notified of a denial and has the opportunity for a hearing.

Prescriptive Authority

Certified Physician Assistants who have successfully passed the examination (NCCPA) and have verified scores from the National Commission on Certification of Physician Assistants are automatically granted prescriptive authority for Controlled Substances Schedules II through V. Physician assistants who have not passed the NCCPA examination must request prescriptive authority. Those requests are reviewed for approval by a medical consultant.

RENEWAL REQUIREMENTS

Physician Assistants are required to renew their license every two years on or before their birthday. They are required to submit the appropriate fee and renewal card. Physician assistants are required to complete 100 hours of continuing education every two years.

Washington State Credentialing Requirements

PODIATRIC PHYSICIAN AND SURGEON (Chapter 18.22 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an accredited or approved podiatric school	Official transcript with degree date posted received directly from applicant's podiatric school.
Must have successfully completed at least one year of post-graduate training, provided that applicants graduating before June 1, 1993, shall be exempt from the postgraduate training requirement.	Post-graduate training program investigate letter/form must be completed by program director and returned directly to the Board. Staff verifies that program has been accredited by the American Podiatric Medical Association Council on Podiatric Medical Education. All programs listed must be verified.
Work history (professional training & experience)	Must have complete chronology from receipt of podiatric degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past 5 years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state boards where applicant is or was licensed must complete the state verification form. The form must be sent directly from out-of-state podiatric board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed examination (PMLexis and NBPME) - scores verified from appropriate organization/agency
- ☐ Federation of Podiatric Medical Boards verification

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by either a reviewing board member or the full Board on a frequent basis for approval or denial. The Board may delegate application review and approval to authorized staff at its discretion. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Podiatric Physicians are required to renew their license annually on or before their birthday. Licensees are required to complete 50 hours continuing education every two years.

Washington State Credentialing Requirements

PSYCHOLOGIST (Chapter 18.83 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Doctoral degree from a regionally accredited or APA approved school.	Official transcript with doctoral degree date posted received directly from the applicant's school.
Must have successfully completed at least one year of a pre-doctoral internship of 1,500 supervised hours and 1,500 hours of post-doctoral supervised practice.	Minimum of three (3) professional reference forms must be completed by pre or post-doctoral supervisor and returned directly to the department. Program staff verifies that internship has been accredited by either regional accreditation or APA.
Work history (Post-Doctoral Supervised Experience)	Must have complete chronology from year of post-doctoral supervision to date of application.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state boards where applicant is or was licensed must complete the state verification form. The letter must be sent directly from out-of-state board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION /DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national written examination (EPPP)- scores verified from appropriate organization/agency.
- ☐ Successfully passed the Washington State oral examination.

NOTE: Foreign applicants may have their transcripts verified for content by a suggested credentialing agency.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed by either a reviewing board member or the full Board on a monthly basis for approval or denial. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Psychologists are required to renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Psychologists are required to complete 60 hours of continuing education every three years.

Washington State Credentialing Requirements

RADIOLOGIC TECHNOLOGIST (Chapter 18.84 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an approved accredited program for diagnostic radiologic technology, therapeutic radiologic technology, and/or nuclear medicine technology or successful completion of alternative training.	Official transcript with degree date posted received directly from the approved accredited program. If transcript does not state that the applicant completed an accredited program, the department must receive an official letter directly from the Dean or instructor. Applicants who do not meet the educational requirements in WAC 246-926-140 may be certified if: <ul style="list-style-type: none"> (a) applicant qualifies for certification via Alternative Training in either diagnostic radiologic technology, therapeutic radiologic technology, and/or nuclear medicine technology; and (b) passes the Washington State examination in either diagnostic radiologic technology, therapeutic radiologic technology, and/or nuclear medicine technology; or (c) individuals who are registered as a diagnostic radiologic technologist, therapeutic radiologic technologist, and/or nuclear medicine technologist with the American Registry of Radiologic Technologists or with the Nuclear Medicine Technology Certifying Board shall be considered to have met the alternative education and training requirements.
Work history (professional training & experience)	Must have complete chronology from the date education is completed and includes employment in the radiologic technology field.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification (applies if transferring from out-of-state).	The state verification form must be completed by other state Radiologic Technology Boards where applicant is or was credentialed. The form must be sent directly from the out-of-state radiologic technology boards to the department. Verification is required whether certification is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.84 and WAC 246-926. The program manager approves/disapproves applications that have a positive response to a personal data question and any other “red flag” file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Radiologic Technologists are required to renew certification every two years on or before their birthday. No continuing education is required.

Washington State Credentialing Requirements

REGISTERED NURSE (Chapter 18.79 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from an approved nursing program.	Official transcript with degree date posted, received directly from the school of nursing or from another state board.
Work history not required, with one exception:	Those seeking licensure here by endorsement from another state who were licensed by endorsement from a foreign country into a US jurisdiction prior to December 31, 1971, must supply a work history for the past three years. This work history verification must come from former employers.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification (for licensure by endorsement)	State verification of licensure by exam must come directly from the state board to our office. A copy of a current/active license must also be submitted.

ADDITIONAL INFORMATION/DOCUMENTATION REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications. All other applications are forwarded to a reviewing board member for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Renewal is every year on or before the licensee’s birthday. There are no continuing education requirements.

Washington State Credentialing Requirements

RESPIRATORY CARE PRACTITIONER (Chapter 18.89 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
<p>Graduation from an approved accredited program for respiratory therapy or successful completion of alternate training. Successful completion of an examination. Successful completion of any experience requirement.</p> <p>Applicants must be a graduate of a two year respiratory therapy educational program.</p> <p>An applicant who has taken and passed the National Board for Respiratory Care (NBRC) entry level examination has met the minimum examination requirements.</p>	<p>Official transcript with degree date posted received directly from the approved accredited program. If transcript does not state that the applicant completed an accredited program, the department must receive an official letter directly from the Dean or instructor.</p> <p>Applicants shall request the NBRC to verify to the department that the applicant has successfully passed the NBRC examination.</p>
<p>Work history (professional training & experience)</p>	<p>Must have complete chronology from the year of graduation from a respiratory therapy program to the date of application.</p>
<p>Statement regarding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.</p>
<p>State credential verification (applies if transferring from out-of-state).</p>	<p>Other state respiratory therapy boards must complete the state verification form where applicant is/was credentialed. The form must be sent directly from out-of-state respiratory therapy boards to the department. Verification is required whether credential is active or inactive.</p>

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents or otherwise “red flag” applications.

Any application with positive answers to personal data questions or otherwise “red flag” applications are reviewed by the program manager and then forwarded to a staff attorney for legal opinion. The program manager, staff attorney, and/or executive director make the approval/denial decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Respiratory Care Practitioners are required to renew certification every two years on or before their birthday. Thirty hours of continuing education is required beginning with October 25, 2003, licensure renewals.

Washington State Credentialing Requirements

SEX OFFENDER TREATMENT PROVIDER (Chapter 18.155 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of a master's degree from a recognized institution of higher learning.	Official copy of degree transcripts with degree posted. School seal on transcript and received in an envelope sealed by the school. Transcripts not in English must be accompanied by official translation.
State credential verification/history	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was never granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends DOH form to the jurisdiction for completion and the jurisdiction sends completed form directly to the department.
Professional Experience	Applicant must list all professional experience activities to include the nature, the practice and location of the experience activity.
Professional experience requirement in the field of evaluation and treatment of sex offenders, a minimum of 2,000 hours must be complete. The 2,000 hours shall include at least 250 hour of evaluation experience and at least 250 hours of treatment experience	Applicant must provide a detailed description of all experience to include hours acquired and calculated face-to-face treatment and evaluation hours. To qualify of evaluation hours, the applicant must have had primary responsibility for interviewing the offender and shall have completed the written report. In evaluation, the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense or who have been adjudicated or convicted of a sex offense. To qualify for treatment hours, the applicant must have had primary responsibility of treatment services that have direct relevance to the offender's behavior. In the treatment, the provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense or who have been adjudicated or convicted of a sex offense.
Underlying Credential	All applicants are required to hold a credential in another health profession in Washington or a state or jurisdiction other than Washington. This underlying registration, certification or licensure must be maintained in good standing.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be

abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
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ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed state exam. Score of 90% or above.
- ☐ Applicant certification verifying he/she is presumed to know Washington State statutes and rules.
- ☐ Signed Statement that states the applicant does not intend to practice the profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington.
- ☐ Professional Training obtained within the last three years. List 50 hours of courses, seminars or formal conferences attended that directly related to the evaluation and treatment of sex offenders or victims of abuse.
- ☐ Three Professional References that can verify the applicants experience requirement.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Endorsement: Program staff reviews documentation to verify applicant has passed national exam, other jurisdiction credential is current, and no disciplinary action was initiated or taken against the credential and meets other requirements.

New licensees: Program staff reviews the application and supporting documents of applicants to make an initial determination on eligibility.

Program staff approves applications that do not have positive answers to personal data questions, questionable verifying documents, or are otherwise “red flag” applications. “Red flag” applications are forwarded to the program manager for determination. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Providers are required to renew their certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Continuing education, 40 hours, is required every two years.

Washington State Credentialing Requirements

SOCIAL WORKER (Chapter 18.225 RCW)

Type of Credential:

Licensure

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
A minimum of a master's degree in Social Work from an accredited graduate school of social work.	Official transcript with degree date posted received in an envelope sealed by the school. Transcripts not in English must be accompanied by an official translation.
Advanced: 3,200 hours of supervised social work practice. Within that practice, 800 hours of direct client contact, and 90 hours of formal meetings with the supervisor. Independent Clinical: 4,000 hours of supervised experience, of which 1,000 hours must be direct client contact over a three year period with supervision of at least 130 hours.	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications. Verification of Academy of Certified Social Workers (ACSW) clinical membership will verify all postgraduate supervision and experience except 45 formal meetings with and MSW. Verification must be sent directly to the department from the ACSW/NASW office.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification	State verification form must be completed by other state agencies/boards that govern social workers, in which the applicant is credentialed. Verification is required regardless of the status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ 4 hours of HIV/AIDS training
- ☐ If already taken the AASSWB level C, Advanced, or Clinical examination, verification of scores must come from the testing company or may be verified by another state in which the applicant was credentialed.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Social Workers are required to renew their license every year on or before their birthday. Thirty-six hours of continuing education, six hours must be in law and ethics is due every two years on or before their birthday. Social Workers are required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.

Washington State Credentialing Requirements

SPEECH-LANGUAGE PATHOLOGIST (Chapter 18.35 RCW)

Type of Credential:

Certification

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Education history to include a minimum of a master's degree from a recognized institution of higher learning	Official copy of degree transcripts with degree posted. School seal on transcript and received in an envelope sealed by the school. Transcripts not in English must be accompanied by official translation.
Credential history	Applicant lists all states where credentials are or were held, including where applicant has applied, but a credential was never granted. If applicant is or was credentialed in another jurisdiction a verification form must be completed and submitted by the jurisdiction. Applicant sends the verification form to jurisdiction for completion and the jurisdiction sends the completed form directly to the department.
Post-graduate professional experience in the field of speech-language pathology. Minimum of thirty-six weeks of full-time professional experience or part-time equivalent.	Applicant's supervisor provides details of experience to include name/address of employer, type of business, position title, name of supervisor, detailed description of duties, dates of post-graduate work and number of hours.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed national examination. Score (600 or above) verified from appropriate jurisdiction.
- ☐ Applicant certification form that the applicant understands he/she is presumed to know Washington State statutes and rules.

PROCESS FOR APPROVING/DENYING APPLICATIONS

Endorsement: Program staff reviews documentation to verify applicant has passed national exam, other jurisdiction credential is current, and no disciplinary action was initiated or taken against the credential and meets other requirements.

New Licensees: Staff reviews the application and supporting documents of applicants who do not have current credentials in another state to make an initial determination on eligibility.

Program staff reviews and approves applications that do not have positive answers to personal data questions, questionable verifying documents, or are otherwise “red flag” applications. “Red flag” applications are forwarded to the program manager for a decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Speech-Language Pathologists are required to renew their certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card. No continuing education is required.

Washington State Credentialing Requirements

SURGICAL TECHNICIANS (Chapter 18.215RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

The program manager reviews and approves applications that do not have positive answers to personal data questions, verifying documents or otherwise “red flag” applications. Any application with positive answers to personal data questions or otherwise “red flag” applications are reviewed by the program manager and then forwarded to a staff attorney for legal opinion. The program manager, staff attorney, and/or executive director make the final decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Surgical Technicians are required to renew their credential every year on or before their birthday. The credential holder is required to submit the appropriate fee and renewal card.

Washington State Credentialing Requirements

VETERINARIAN (Chapter 18.92 RCW)

Type of Credential:

License

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a AVMA accredited school	Official transcript with degree date posted received directly from applicant's school.
Work history (professional training & experience)	Must have complete chronology from receipt of veterinary degree to the date of application. All time breaks of 30 days or more must be accounted for.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State licensure verification	Other state veterinary boards where applicant is or was licensed must complete the state verification form. The form must be sent directly from out-of-state veterinary board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Successfully passed examination (National Board and Clinical Competency Examination or NAVLE exam) - scores verified from appropriate organization/agency
- ☐ Successful completion of the Washington State Jurisprudence Examination

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by program staff. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Veterinarians are required to renew their license annually on or before their birthday. Licensee is required to submit the appropriate fee and renewal card. Veterinarians are required to complete 30 hours of continuing education every three years, beginning three years from first licensure date.

Washington State Credentialing Requirements

VETERINARY MEDICATION CLERK (Chapter 18.92 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Completion of on-the-job training program	Sponsor candidate affidavit signed by the employing Veterinarian, agreeing to sponsor candidate and ensuring applicant has met the requirements.
Statement regarding: <ul style="list-style-type: none"><input type="checkbox"/> physical and mental health status<input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse<input type="checkbox"/> history of loss of license, certification or registration<input type="checkbox"/> felony convictions<input type="checkbox"/> loss or limitations of privileges<input type="checkbox"/> disciplinary actions<input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by program staff. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Veterinary Medication Clerks are required to renew their registration annually on or before their birthday. Registrant is required to submit the appropriate fee and renewal card. No continuing education is required.

Washington State Credentialing Requirements

VETERINARY TECHNICIAN (Chapter 18.92 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
Graduation from a AVMA accredited school in Veterinary Technology; or Five years of full-time veterinary technician work experience; or Two years from a non-accredited school and three years of full-time work experience	Official transcript with degree date posted received directly from applicant's school.
Work history (professional training & experience)	Must have complete chronology to the date of application. All time breaks of 30 days or more must be accounted for.
Statement regarding: <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification	Other state veterinary boards where applicant is or was credentialed must complete the state verification form. The form must be sent directly from out-of-state veterinary board to the department. Verification is required whether license is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training
- ☐ Verification of passing scores on Veterinary Technician National Examination (VTNE)
- ☐ Successful completion of the Washington State Jurisprudence Examination

PROCESS FOR APPROVING/DENYING APPLICATIONS

Completed applications are reviewed and approved by program staff. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

Veterinary Technicians are required to renew their license annually on or before their birthday. Registrant is required to submit the appropriate fee and renewal card.

Washington State Credentialing Requirements

X-RAY TECHNICIAN (Chapter 18.84 RCW)

Type of Credential:

Registration

DOH Contact:

Customer Service Center 360/236-4700

CREDENTIALING REQUIREMENTS	VERIFICATION DOCUMENTS OBTAINED
No education required for registration as an x-ray technician	The registration is issued to those individuals who apply ionizing radiation at the direction of a licensed practitioner.
Work history (professional training & experience)	Must have complete chronology, which includes employment in radiologic technology field.
Statement regarding: <ul style="list-style-type: none"> <input type="checkbox"/> physical and mental health status <input type="checkbox"/> lack of impairment due to chemical dependency/substance abuse <input type="checkbox"/> history of loss of license, certification or registration <input type="checkbox"/> felony convictions <input type="checkbox"/> loss or limitations of privileges <input type="checkbox"/> disciplinary actions <input type="checkbox"/> professional liability claims history 	Applicant must answer personal data questions. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.
State credential verification (applies if transferring from out-of-state).	Other state radiologic technology boards where applicant is or was registered must complete the state verification form. The form must be sent directly from out-of-state radiologic technology boards to the Department of Health. Verification is required whether registration is active or inactive.

ADDITIONAL INFORMATION/DOCUMENTS REQUIRED

- ☐ HIV/AIDS training

PROCESS FOR APPROVING/DENYING APPLICATIONS

Program staff verifies documentation and recommends to the program manager approval/disapproval of applications. The recommendation is based upon the requirements outlined in RCW 18.84 & WAC 246-926. The program manager approves/disapproves applications that have a positive response to a personal data question and any other "red flag" file. An applicant will be formally notified of a denial and has the opportunity for a hearing.

RENEWAL REQUIREMENTS

X-Ray Technicians are required to renew registration every two years on or before their birthday. No continuing education is required.

Application Approval/Denial Process

Flow Charts

Application Approval/Denial Process

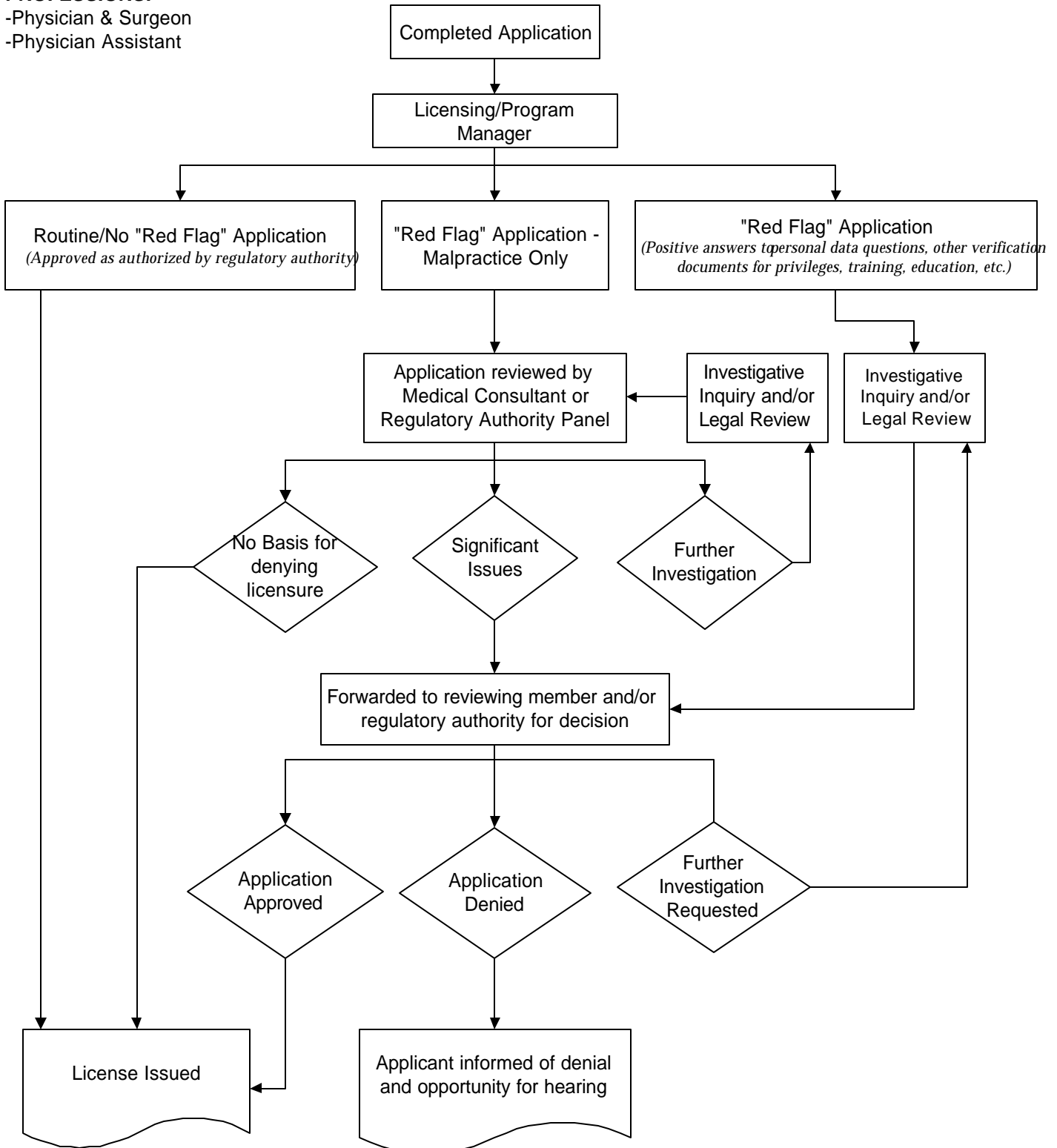
October 1998

Staff and Regulatory Authority Approval with Malpractice Claims History Review

❖Process may include passing an examination prior to licensure.

PROFESSIONS:

- Physician & Surgeon
- Physician Assistant



NOTE: Investigative Inquiry = Program staff or an investigator collecting information
Legal Review = Staff attorney or AAG review

Application Approval/Denial Process

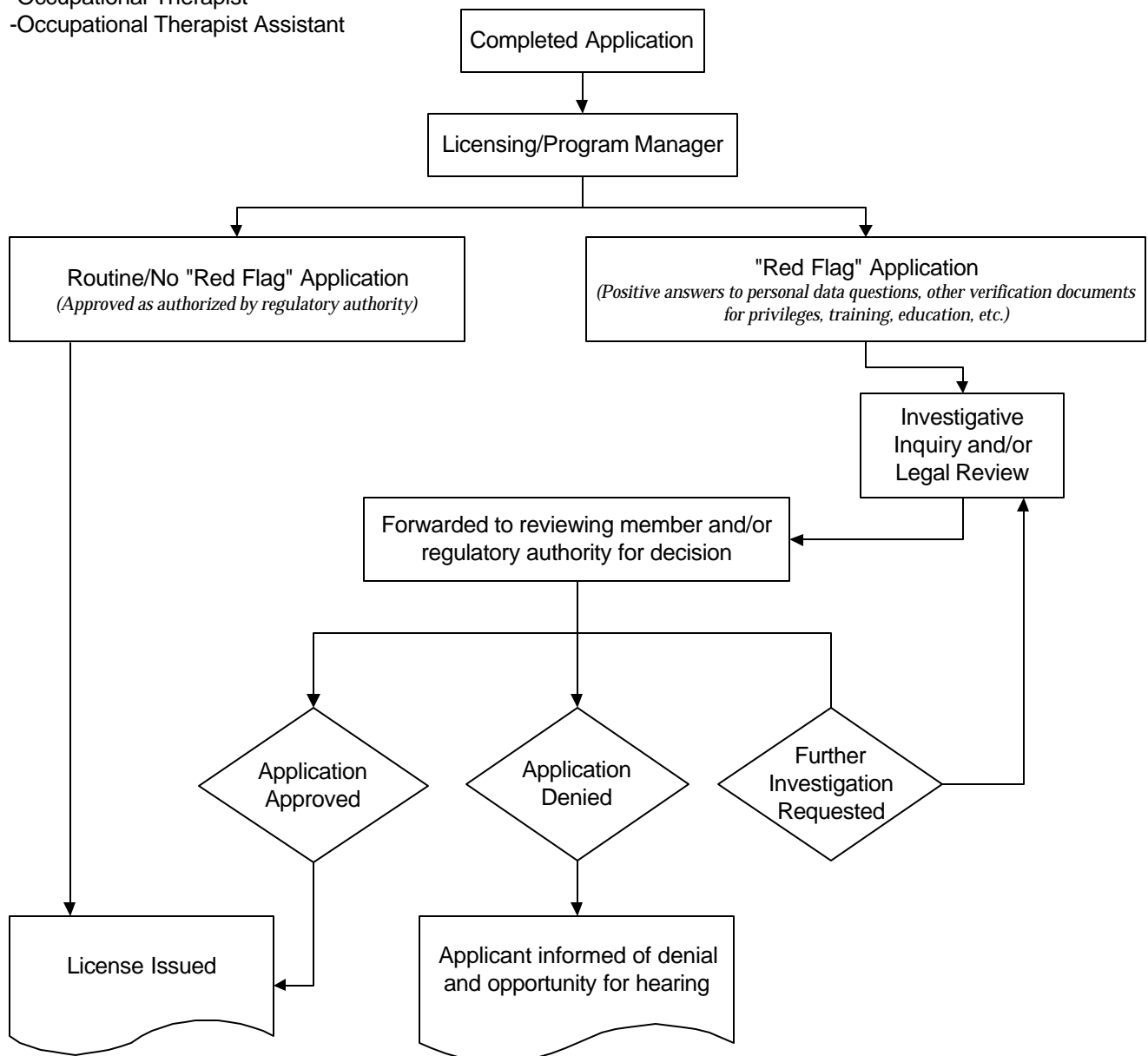
Staff and Regulatory Authority Approval

October 1998

❖ Process may include passing an examination prior to licensure.

PROFESSIONS:

- Acupuncturist
- Advanced Registered Nurse Practitioner
- Animal Technician
- Chiropractor
- Chiropractic X-Ray Technician
- Dentist (must take WA exam)
- Licensed Practical Nurse
- Midwife
- Naturopath
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapist Assistant
- Optometrist
- Pharmacist
- Pharmacy Intern
- Pharmacy Technician
- Physical Therapist
- Registered Nurse
- Veterinarian
- Veterinary Medication Clerk



NOTE: Investigative Inquiry = Program staff or an investigator collecting information

Application Approval/Denial Process

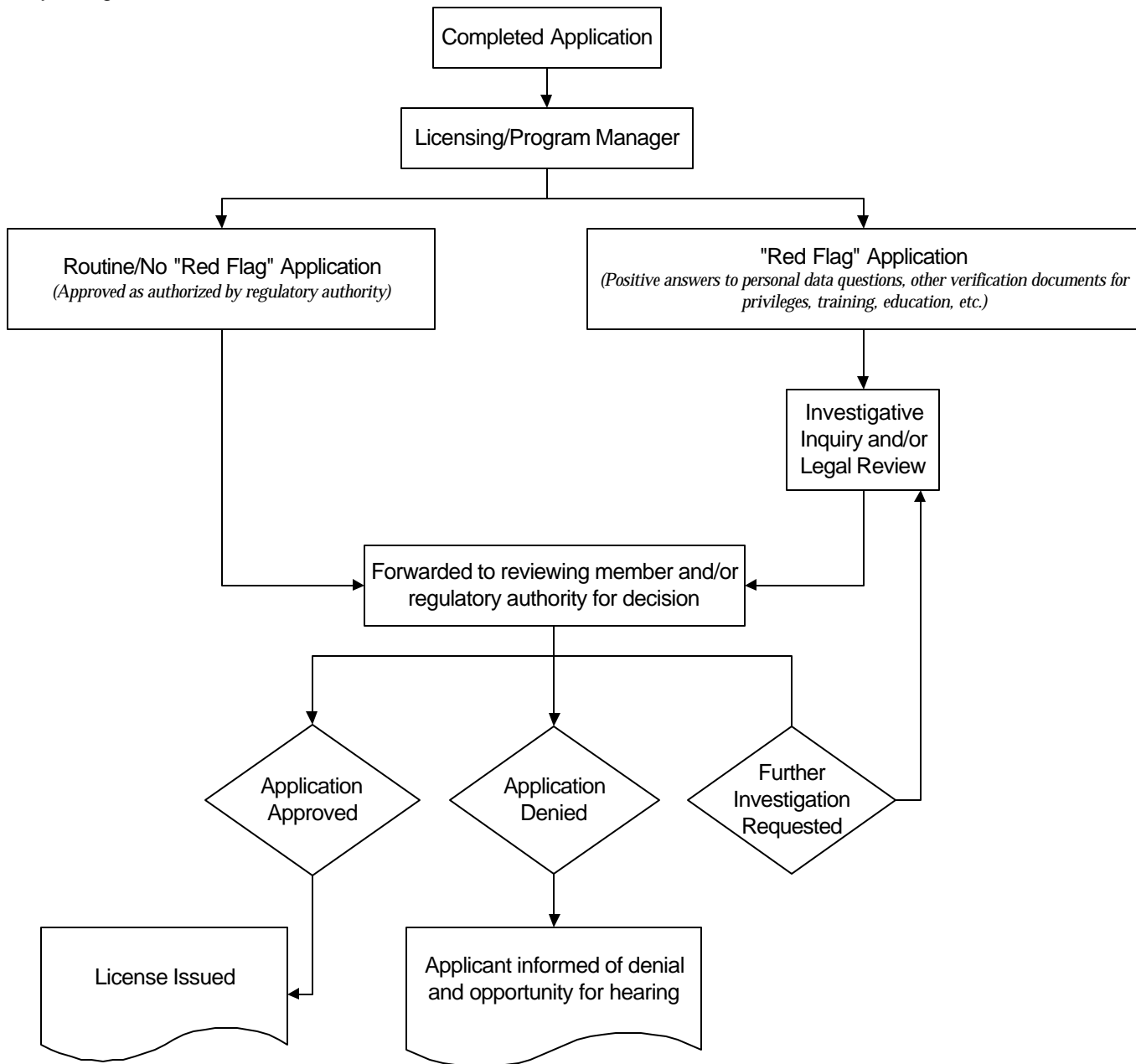
Regulatory Authority Approval - No Staff Approval Authority

October 1998

❖ Process may include passing an examination prior to licensure.

PROFESSIONS:

- Dentist (have passed an accepted exam-other than WA exam)
- Denturist
- Osteopathic Physician & Surgeon
- Osteopathic Physician Assistant
- Pharmacies and Other Pharmaceutical Firms (Inspections are conducted prior to approval or denial)
- Podiatric Physician & Surgeon
- Psychologist



NOTE: Investigative Inquiry = Program staff or an investigator collecting information
Legal Review = Staff attorney or AAG review

Application Approval/Denial

– Staff Approval as Authorized by the Secretary

❖ Process may include passing an examination prior to

PROFESSIONS:

-Adult Family Home Providers & Resident

-

-Counselor

-Dental

-Dietitian & Nutritionist

-Dispensing

-Dispensing Optician

-Health Care

-Hearing Instrument

-

-Marriage & Family

-Massage

-Mental

-Nursing Assistant -

-Nursing Assistant -

-Nursing

-Ocularist

-Ocularist

-

-Radiologic

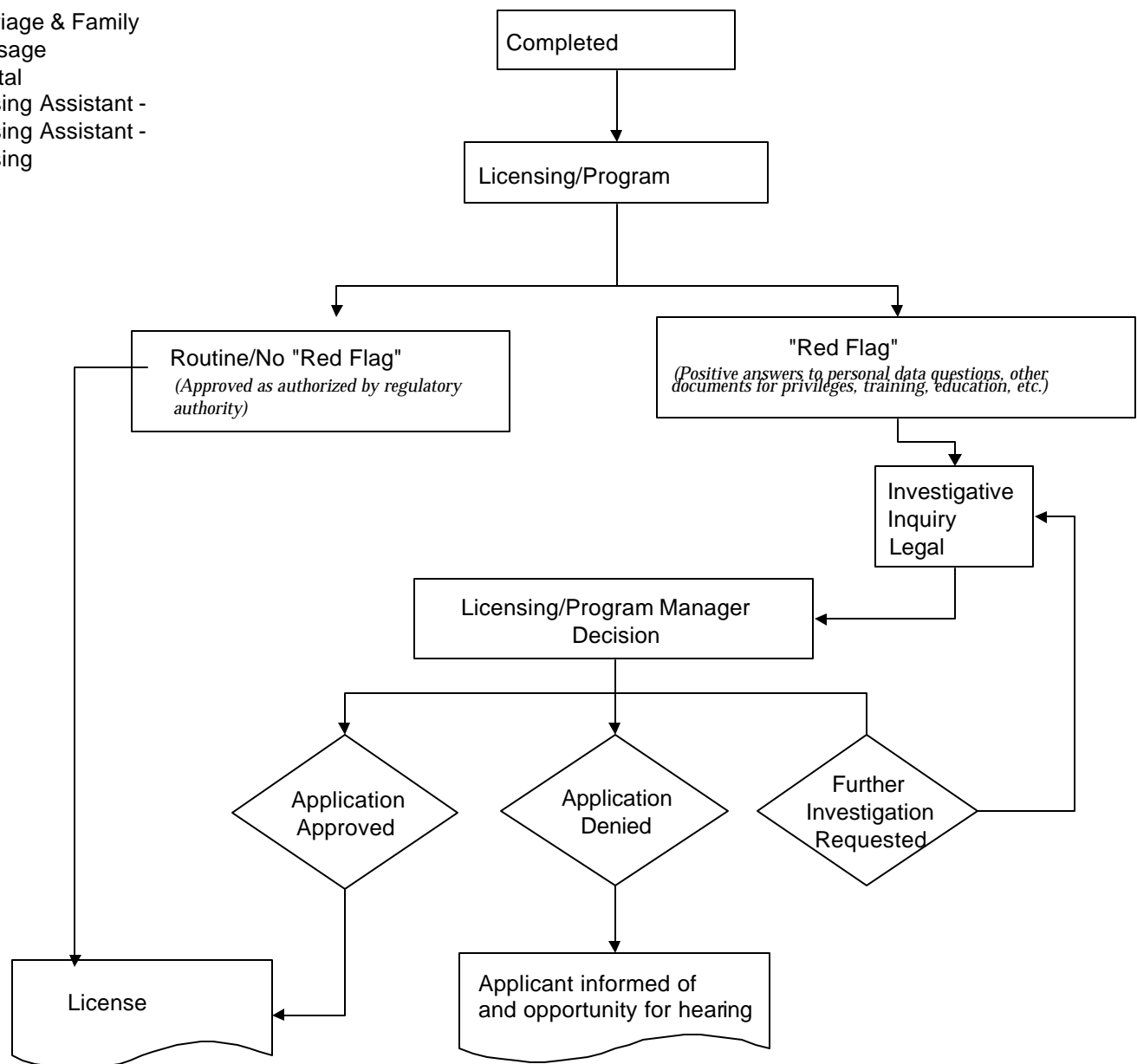
-Respiratory Care

-Sex Offender Treatment

-Social

-Speech-Language

-X-Ray



NOTE: Investigative Inquiry = Program staff or an investigator collecting
Légal Review = Staff attorney or AAG

Additional Information

- Generic Personal Data Questions
- Department of Health Contacts
- DOH Policy on Verification of Credentials

Personal Data Questions

- | | | Yes | No |
|---|--|--------------------------|--------------------------|
| 1. | <p>Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.</p> <p>“Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.</p> <p>1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).</p> <p>1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.</p> <p>(If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <p>Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.</p> <p>“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.</p> <p>“Chemical substances” includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <p>Are you currently engaged in the illegal use of controlled substances?</p> <p>“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.</p> <p>“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>If you must answer “yes” to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.</p> | | | |
| 5. | <p>Have you ever been convicted, entered a plea of guilty, nolo contendere, or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:</p> <p>a. the use or distribution of controlled substances or legend drugs?</p> <p>b. a charge of a sex offense?</p> <p>c. any other crime, other than minor traffic infractions? (Include driving under the influence and reckless driving.)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <p>Have you ever been found in any civil, administrative, or criminal proceeding to have:</p> <p>a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?</p> <p>b. committed any act involving moral turpitude, dishonesty or corruption?</p> <p>c. violated any state or federal law or rule regarding the practice of a health care profession?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you ever had any license, certificate, registration or other privilege to practice a health care | <input type="checkbox"/> | <input type="checkbox"/> |

profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☐

Personal Data Questions

G07.01:Attachment 1:8/4/99

DEPARTMENT OF HEALTH

Health Systems Quality Assurance
Disciplinary Contacts
April 2002

Acupuncturist

..... 360/236-4821

Advanced Registered Nurse Practitioner

..... 360/236-4708

Affiliate Sex Offender Treatment Provider

..... 360/236-4916

Audiologist

..... 360/236-4916

Chemical Dependency Professional

..... 360/236-4901

Chiropractic X-Ray Technician

Chiropractor

..... 360/236-4870

Counselor

..... 360/236-4901

Dental Hygienist

Dentist

..... 360/236-4824

Denturist

..... 360/236-4867

Dietitian and Nutritionist

..... 360/236-4821

Dispensing Optician

Dispensing Optician Apprentice

..... 360/236-4948

Health Care Assistant

..... 360/236-4942

Hearing Aid Instrument Fitter/Dispenser

..... 360/236-4916

Hypnotherapist

..... 360/236-4901

Licensed Practical Nurse

..... 360/236-4707

Marriage and Family Therapist

..... 360/236-4901

Massage Practitioner

..... 360/236-4867

Mental Health Counselor

..... 360/236-4901

Midwife

..... 360/236-4723

Naturopath

..... 360/236-4949

Nursing Assistant

..... 360/236-4705

Nursing Home Administrator

..... 360/236-4921

Nursing Pools

..... 360/236-4706

Occupational Therapist

Occupational Therapy Assistant

..... 360/236-4841

Ocularist
Ocularist Apprentice
..... 360/236-4948

Optometrist
Orthotics/Prosthetics
..... 360/236-4946

Osteopathic Physician and Surgeon
Osteopathic Physician Assistant
..... 360/236-4943

Pharmacies and Other Pharmaceutical
Firms
..... 360/236-4843

Pharmacist
Pharmacy Assistant
Pharmacy Intern
Pharmacy Technician
..... 360/236-4842

Physical Therapist
..... 360/236-4844

Physician and Surgeon
Physician Assistant
..... 360/236-4792

Podiatric Physician and Surgeon
..... 360/236-4943

Psychologist
..... 360/236-4910

Radiologic Technologist
..... 360/236-4949

Registered Nurse
..... 360/236-4707

Respiratory Care Practitioner
..... 360/236-4942

Sex Offender Treatment Provider
..... 360/236-4916

Social Worker
..... 360/236-4901

Speech-Language Pathologist
..... 360/236-4916

Surgical Technician
..... 360/236-4721

Veterinarian
Veterinary Medication Clerk
Veterinary Technician
..... 360/236-4841

X-Ray Technician
..... 360/236-4949

HEALTH SYSTEMS QUALITY ASSURANCE CONTACTS

Health Professions Quality Assurance

Director 360/236-4995

Deputy Director 360/236-4984

Facilities and Services Licensing

Director 360/705-6652

Deputy Director 360/705-6775

Emergency Medical Services and Trauma

Director 360/705-6745

Deputy Director 360/705-6731

Office of Community and Rural Health

Director 360/705-6762

Department of Health

Health Professions Quality Assurance Division

Policy/Procedure

Title:	Verification of Credentials	Number :	G05.02
Reference:	RCW 43.70.280 Establishing Uniform Licensing Procedures		
Contact:	Health Policy and Constituent Relations		
Effective Date:	April 16, 1997		
Supersedes:	April 10, 1991		
Approved:	Signature on File		
Ron Weaver, Director, Health Professions Quality Assurance Division			

Purpose Statement:

The purpose of this policy is to comply with the requirements of RCW 43.70.280 which mandates the establishment of uniform administrative procedures and requirements relating to licensing application forms and process. The current processes differ across the professional regulatory programs. This policy will ensure uniformity among the professional regulatory programs for all verifications of educational and licensure, registration and certification credentials.

Policy Statement:

This policy establishes uniform procedures for verifying the educational and licensure, registration or certification credentials for all applicants.

Scope:

This policy and the procedures apply to all Health Professions Quality Assurance Division (HPQAD) employees.

Verification of Educational Credentials:

1. Responsibility for requesting a certified copy of the academic credentials rests solely with the applicant.
2. Only certified transcripts sent directly from educational institutions in sealed envelopes to the Department will be accepted to verify academic credentials. Educational institutions may also submit lists of qualified graduates and/or copies of diplomas if authorized by the disciplinary authority. Transcripts marked "Issued to Student" are unacceptable. Photocopies of transcripts are unacceptable.

Exemptions to #2:

- a) International graduates who attended school in countries at war (the conflict may be current or past); or,
- b) International graduates who attended school in countries that harbor hostilities toward the United States.

In these cases, the applicant may have in their possession their own academic transcripts with identification that it was issued to the applicant directly from the school. That identification could either be an embossed seal or some other type of school authentication. The professional regulatory program may accept this transcript from the applicant; make copies and certify its authenticity and return the transcript to the applicant.

3. Academic credential verifications provided directly by recognized national clearinghouses or other state licensing agencies can be accepted in lieu of direct transcript or institution verification.
4. All verification of educational credentials will be recorded in all application files.

Verification of licensure, registration or certification credentials:

1. Responsibility for requesting a verification of licensure, registration or certification rests solely with the applicant.
2. Verification of licensure, registration or certification credentials must be obtained from all other states where the applicant holds credentials or from in-state if the applicant held another type of Washington health care profession's license, certification or registration. (For example, a midwife applicant may also hold a license in the same state to practice as a naturopath or registered nurse.)
3. A licensure, registration or certification verification must be sent directly from the state where the applicant is licensed, certified or registered. The licensure, registration or certification verification must have that state's official seal affixed to it and a signature and title of the person completing the verification. A recognized national professional data bank may be accepted in lieu of state verification.
4. Verification of out-of-state licensure, registration or certification or in-state verification of another health care profession's credential will be recorded in all application files.

Staff review and screening of educational credentials and licensure, registration or certification verifications:

1. All documents must come directly from the originating source. During the review process, staff must:
 - Check for correct names
 - Check for any erasures/changes
 - Check for corresponding letterhead
 - Check for corresponding envelopes
 - Check for signatures on documents
 - Verify transcripts include degree, date of degree posted and school seal
 - Verify whether out-of-state licensure verifications respond to requests for any disciplinary actions in that state
 - Verify whether in-state verifications of credentialing in another health care profession respond to requests for any disciplinary actions taken against that credential
2. If there is any question of validity of a document, staff should call the originating source.